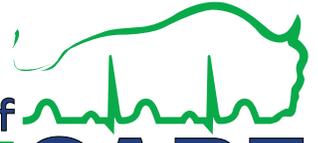


NEWS

Manitoba Association of
HEALTHCARE



March 2013

Professionals

Lean On Me, Lean On You:

What to Think About Lean Thinking

by Marcya Ervick, Labour Relations Officer

Many healthcare employees will have heard the phrase 'Lean Thinking' in the last few years and have encountered Lean projects in their workplaces.

Simply googling the phrase will undoubtedly provide you with numerous websites related to lean cultures, lean thinking, strategies, education and consultants in the field, but where and how it applies in health care is somewhat more difficult to find. So what is meant by Lean Thinking or Lean Culture?

Lean was originally implemented in Japan by Toyota executive Taiichi Ohno. Ohno created the concept of Lean, and taught it to Toyota managers. Lean methodology stated that the primary task was to study their systems to identify what the real problems were.

His belief was that if one focused on the relationships in any system and streamlined those processes, financial savings would result. He taught that Lean was not about saving money, but if Lean principles were followed, money would follow.

When applied correctly Lean should not be about trimming the jobs away from workers.

However, as Lean became more popular, it focused on the costs associated with the operations; customers' needs were second.

Currently Lean proponents, and there are many, focus on finding

what tasks are done that have no value and replace them with more efficient processes. The end result should address patient needs and better utilize a worker's time. In looking at how this affects our members we must understand that this is a complex strategy. When applied correctly Lean should not be about trimming the jobs away from workers.

Unfortunately Lean Thinking has, in some places, devolved into a management programme that replaces traditional work practices with a system that cuts "waste" and tries to use every minute of the workers' time. In these situations, such as the car industry, it has become compared to the centuries-old practice of piecework - when workers were paid according to the amount of work they did rather than the time spent doing it.

THE LEAN PROCESS

Lean Thinking was not typically associated with health care. But because healthcare costs have continued to rise in all countries, Lean has been attempted in many facilities around the globe, in the hope that it will streamline processes and reduce costs. The principles of Lean management can, in fact, work in health care in much the same

way they do in other industries, if done correctly and if the end result is to improve delivery of services to patients.

Many of our members are now being encouraged to join Lean projects. If you are given this opportunity, you will find that Lean has its own language and customs.

When involved in the Lean Thinking process you will hear terms like 'value added,' 'waste', 'non-value added' and various other phrases.

Simply put - does the task or process being done add value, waste time, or is it a non-value added component. The use of Lean Thinking in healthcare is supposed to ensure the most efficient and safest journey for a patient through the healthcare system. So let's take a look at the Lean Culture.

There are five principles of Lean Thinking that look at the

quality of healthcare by improving flow in the patient's journey and eliminating waste.

They include:

- **Specifying value.** Value is any activity which improves the patient's health, well-being and experience.



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Enclosed with this Newsletter:

- Executive Council Nomination Form
- Staff Rep Nomination Form
- Scholarship Application Forms
- Call for Resolutions 2012
- Wendy Despina's Moments

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Joan Ewonchuk,
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Meeting Calendar

Visit the MAHCP Website Calendar for more meeting information:
www.mahcp.ca/forum/calendar.asp

March 5, 2013

- Gamma-Dynacare Staff Rep Meeting
101-1500 Notre Dame
1800 to 1930 hours

March 12, 2013

- Seven Oaks Staff Rep Mtg
Seven Oaks Cafeteria
1200 hours

March 13, 2013

- DSM-HSC Staff Rep Mtg
GC303
1130 to 1300 hours

March 13, 2013

- Executive Council Mtg
101-1500 Notre Dame
0845 to 1700 hours

March 13, 2013

- General Staff Rep Mtg
101-1500 Notre Dame
1830 hours

March 18, 2013

- AHCW Staff Rep Meeting
Golden Terrace Restaurant
1200 hours

March 20, 2013

- HSC Staff Rep Meeting
GH304
1130 to 1300 hours

March 21, 2013

- SEH Staff Rep Meeting
Smitty's, Steinbach
1200 hours

March 29, 2013

- Good Friday
MAHCP Office Closed

April 1, 2013

- Easter Monday
MAHCP Office Closed

April 9, 2013

- Seven Oaks Staff Rep Mtg
Seven Oaks Cafeteria
1200 hours

April 10, 2013

- Executive Council Mtg
101-1500 Notre Dame
0845 to 1700 hours

April 10, 2013

- General Staff Rep Mtg
101-1500 Notre Dame
1830 hours

April 15, 2013

- AHCW Staff Rep Meeting
Golden Terrace Restaurant
1200 hours

April 18, 2013

- HSC Staff Rep Meeting
GH304
1130 to 1300 hours

April 18, 2013

- SEH Staff Rep Meeting
Smitty's, Steinbach
1200 hours

May 8, 2013

- Executive Council Mtg
101-1500 Notre Dame
0845 to 1700 hours

May 8, 2013

- General Staff Rep Mtg
101-1500 Notre Dame
1830 hours

May 14, 2013

- Seven Oaks Staff Rep Mtg
Seven Oaks Cafeteria
1200 hours

May 15, 2013

- HSC Staff Rep Meeting
GH304
1130 to 1300 hours

May 16, 2013

- SEH Staff Rep Meeting
Smitty's, Steinbach
1200 hours

May 20, 2013

- Victoria Day
MAHCP Office Closed

Staff Rep Training

Level I - June 6 & 7, 2013

Level II - June 10 & 11, 2013

See poster included with newsletter



Bring your collective agreement to all member meetings.

PROUD SUPPORTER OF THE



Visit diabetes.ca/proudsupporter

MAHCP News is published quarterly in March, June, September and December. Advertising will be entertained. For more information, please contact the Editor at (204) 772-0425. *Revenues from advertising will be used to supplement the MAHCP Professional Development Fund.*

President's Report



Bob Moroz, President

Many of you will be aware of the results from the representation vote stemming from the amalgamation of the 11 Regional Health Authorities. Though the vote was done in the summer, the result of the vote count was just recently released to the involved unions. Unfortunately, in the new Prairie Mountain Region, which is made up of the former Assiniboine, Parkland and Brandon RHAs, MAHCP was not the choice of the majority of Technical Professional and Paramedical employees.

I remain convinced, with the agreement of Executive Council and Staff, that the voting process was flawed, and as a result MAHCP did not sign a 'Fair Vote Certificate'. The fair vote certificate states our union believed the vote was done in a fair, equitable manner. We have stated our objections repeatedly and continue to do so in the various challenges available to us in the system.

I wish to be very clear on the purpose of continuing our challenges. As a result of the inability to access all involved employees, each and every member was denied the right to make an informed decision about their representation. It is the mandate of MAHCP to preserve and protect the rights of workers and that is the reason we continue to fight. If we had seen this result in a fair process, then I could accept that. It was not a fair process.

At the time of writing this article, the Manitoba Labour Board has not counted the votes from the Southern Health Region which is made up of the former South Eastman and Central RHAs. I can tell you that we have again refused to sign the 'Fair Vote Certificate' for the same reasons I have already stated. In the meantime, I want to reassure all members that we continue to work very hard on your behalf, regardless of whether you were involved in the representation votes or not.

* * *



The deadline for proposals for bargaining has passed and we have heard from a very large number of members! The stack I have on my desk is literally 4 inches thick. Many of the proposals deal with the same

issues that we have been presenting to Government with our member presentations to the Minister of Health and Minister of Labour. Staff shortages, workload, relatively low wages compared with the rest of the country and market based bargaining are some of the key themes. Recently, Lee Manning and I met with Stan Struthers, Minister of Finance to share with him what our members have been telling us in advance of the Provincial budget.

We are in the process of finalizing the central table



LRO's and members place "Vote MAHCP" signs throughout Western Manitoba

bargaining team, as we will be meeting with those members who have stepped up and volunteered for the first time. Once the team is in place, we will schedule training for them and dive right into vetting the proposals and preparing for 2014! There is no such thing as an easy round of bargaining, and we will need unity and strength to

continued on page 5

Lean Thinking

(continued from page 1)

- **Identify the value stream or patient journey.** This is the core set of actions required to deliver value for patients.
- **Make the process and value flow.** Align healthcare processes to facilitate the smooth flow of patients and information.
- **Let the customer pull.** The customer should begin to pull products or services as needed. We should deliver care on demand, with the resources needed for it.
- **Pursue perfection.** Develop and amend processes continuously in pursuit of the ideal process.

In order for Lean principles to be successful and have the longevity that is needed, the leaders of the organization must fully buy in and work to create an organizational culture that is receptive to Lean thinking. The 'top-down' strategy is needed for Lean to be successful. This means it must start at the very top of the organization, and all staff should be involved in helping to redesign processes to improve flow and reduce waste.

Although health care differs in many ways from manufacturing, there are also surprising similarities. Whether building a vehicle or providing health care for patients, workers must rely on multiple, complex processes to accomplish their tasks and provide value to the customer or patient. Waste of money, time, supplies, or even good will, ultimately decreases the value of the work being done. To workers this means evaluating the value the task has which in some cases eliminates tasks that take a lot of needless time from a worker. In other cases, it can be process change that provides for better patient/worker safety. In all cases the outcomes of Lean Thinking are supposed to be positive.

To maximize value and eliminate waste, leaders must evaluate processes by accurately specifying the value desired by the user; identifying every step in the process (or "value stream," in the language of lean) and eliminating non-value-added steps; and making value flow from beginning to end based on the pull the expressed needs of the customer/patient.

Given that the Lean Thinking is a top down strategy, leaders of the organization encourage the workers from every level of an organizations structure to provide the suggestions of value adding or items of waste. You as a worker can provide input, and the

structure of Lean provides that all suggestions must be carefully considered and provided with responses as to success of the suggestion.

Lean Thinking to our members and patients when applied appropriately can mean:

- improved quality of patient care
- improved safety
- eliminate delays
- reduce length of stay
- while using no more resources

As your union it is our role to advocate on your behalf and ensure that any change processes contemplated are reviewed by the union as to ensure there are no repercussions to members during this process.

From a union perspective, a cautionary view must be had when looking at the Lean Thinking.

In the past, where workplace changes have been suggested, the role of unions has been to negotiate over the effects of that change – for example, the impact on wages and conditions or the compensation to be paid to workers displaced by change processes.

This has essentially put unions in a position of continually reacting to management plans, rather than be involved from the onset thereby saving time and eliminating waste by challenging the change later.

In more recent years, a number of

unions have taken the proactive approach and negotiated provisions into collective agreements that establish a right for them to be involved in workplace change processes like Lean Thinking.

Even with the possibility of savings, we must also ask, at what cost? We must ensure that the Lean process is applied in a manner that does not:

- delete our member's positions,
- create heavier or inequitable workloads thereby over working members;
- cause potentially unsafe, or unhealthy work environments;
- eliminate the good will by having all processes too tightly streamlined that deviations are next to impossible.



continued on page 11

Who Are We?

Did you know that MAHCP represents over 160 different professions? We have a varied group of medical occupational groups and you may not know all of them. This issue we continue with our new series called “Who Are We?”

1. We make nonexistent equipment exist.
2. We help move us into the future of diagnostic and therapeutic radiation uses.
3. We provide Q.A. services and equipment to the imaging community.
4. We consider ourselves to be the ‘spackle’ of the system since we fill in the gaps.

(answer on page 11)

President’s Report

continued from page 3

give us the mandate to tackle the issues that we face during this coming round.

* * *

In the December newsletter, I mentioned that our union had worked with a PR company to do research on the public and member’s needs and perceptions with regard to our union.

They have also helped us to develop a Strategic Plan and communications review. These will be presented to the Executive Council at the next board meeting in March, and with this in place we have a real opportunity to improve our communication with you, our members. Full details will be released shortly so please be aware that an email will be coming soon that summarizes the reports and outlines our plans.

Included in this issue of the newsletter is a special insert from Wendy Despina. I want to take just a moment to thank Wendy for helping me as she has during my transition into the President’s role. It is an absolute certainty that in order to move forward, we need to know where we’ve been.

In Solidarity,
Bob Moroz, RTT
President, MAHCP

Win an iPad!!

Send us your email address and be entered into a draw for an iPad. You’ve already sent in your address? No problem! You’re already eligible.

Between now and the next newsletter, we will collect new email submissions. If we hit the target number of emails, a draw will be made from the pool of ALL member email addresses (new and previously submitted).

If you have already sent us your email, encourage your co-workers to send in theirs so that we can hit the target. If we do not reach target, the draw will roll-over to the following newsletter.

How do I enter?

It’s easy: send an email to joan@mahcp.ca or call Joan at 772-0425

PS: If you’ve already sent in your email address, but have not recently received any emails from the Association, give Joan a call.

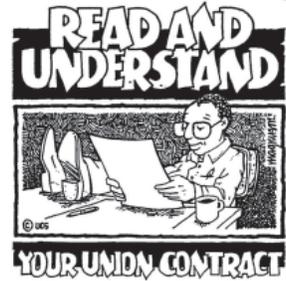
Rules:

1. Winner to be drawn from all Association emails (new and previously submitted) prior to the publication of the next newsletter.
2. A minimum threshold of new emails must be achieved to trigger the draw.
3. Must be an active member of the Association.
4. Executive Council members are not eligible.
5. Winner consents to photo and announcement in the newsletter.
6. Failure to achieve the minimum threshold will result in the draw being rolled over to the next newsletter.
7. Prize details: iPad-2 16GB Wi-Fi



How well do you know your Collective Agreement?

By Birgit Molinski, Labour Relations Officer



QUESTION: As a new employee, how long am I under probation?

ANSWER: There is a new article, Article 204, that describes the probationary term for employees. It replaces the old article 207, and the wording has changed considerably.

If you check the current draft collective agreements on the MAHCP website, you will find the following:

Probationary Employee – means an employee who has not completed six (6) months or five hundred and twenty (520) hours, (whichever comes first) of continuous full-time or part-time employment. Until such time as an employee has completed her probation period, she may be subject to discharge for just cause without recourse to the grievance procedure. In the event that an employee is to be discharged during the probation period, written notice shall be served to the employee and the Association.

The following has been added: “...or five hundred and twenty (520) hours (whichever comes first) of continuous full-time or part-time employment...”.

At first glance, one might assume that there is now a 6 months probationary period for everyone. But, for a full-time employee, 520 hours is about 3 months of work, so the length of probation has not changed.

It is a different story for a part-time employee who also previously had a 3 month probationary period regardless of EFT. Now, the 520 hours stipulation means that the part-time employee will be on probation a little longer. The wording “whichever comes first” accommodates the different EFT’s. For example, if someone is a 0.7 EFT the 520 hours would come first. This person will be on probation for almost 5 months but not the full 6 months.

If someone is a 0.3 EFT the probation would be 6 months, the maximum length of time. Otherwise, if the original calculation was used, that employee would have had to work 11 months to be off probation.



Once again we invite MAHCP members to view the criteria for union scholarships that we offer each year. There are two scholarships which are open to the children of members: the MAHCP scholarships and the Monique Wally Scholarship.

Both scholarships are available to students who are entering their first year of full-time post-secondary education, whether it is University or Community College. The MAHCP scholarship applies to students who are entering any field of study; the Monique Wally scholarship is open to those who are intending to enter an allied health profession.

There are five \$400 MAHCP scholarships available, and one \$400 Monique Wally Scholarship available.

Please check our website at http://mahcp.ca/htmlfiles/MEMBER_SERVICES/scholarships.asp for the explanation of criteria for both scholarships. In this link, you will also find further links to application forms, and a list of past recipients. If you cannot download the application form, please contact the MAHCP office at (204) 772-0425.

The deadline for both scholarships will be no later than 1600 hours on July 26th, 2013.

Submissions should be sent to:

Communications Committee Chair
MAHCP Scholarship Fund
101-1500 Notre Dame Ave.
Winnipeg, MB. R3E 0P9

Successful candidates will be notified by mail at the end of August.



Do you have a grievance?

MAHCP receives a great variety of grievances over the course of a year. Yet at times our members may not be sure if a situation at work that merits a grievance. A look at the bar graph below shows you the prevalence of certain groups of grievances. Here are examples of the types of grievances that members have encountered and are active.

Types of Grievances

Discipline

There are 2 subgroups within this category. The vast majority of these grievances relate to advocating for reduction or elimination of the penalty of disciplinary action imposed, such as a suspension.

The burden of responsibility for the employer is to demonstrate that the punishment is commensurate with the infraction or reason cited by the employer for the discipline.

The other subgroup is when an employee is terminated. In almost all cases when an employee is terminated, a grievance is filed to ensure fair representation and process as well as to challenge the employer to demonstrate just cause.

Overtime

The overtime provisions in the collective agreement can be misinterpreted and in many cases, it is the application and administration of certain rules in the collective agreement that at the departmental level that

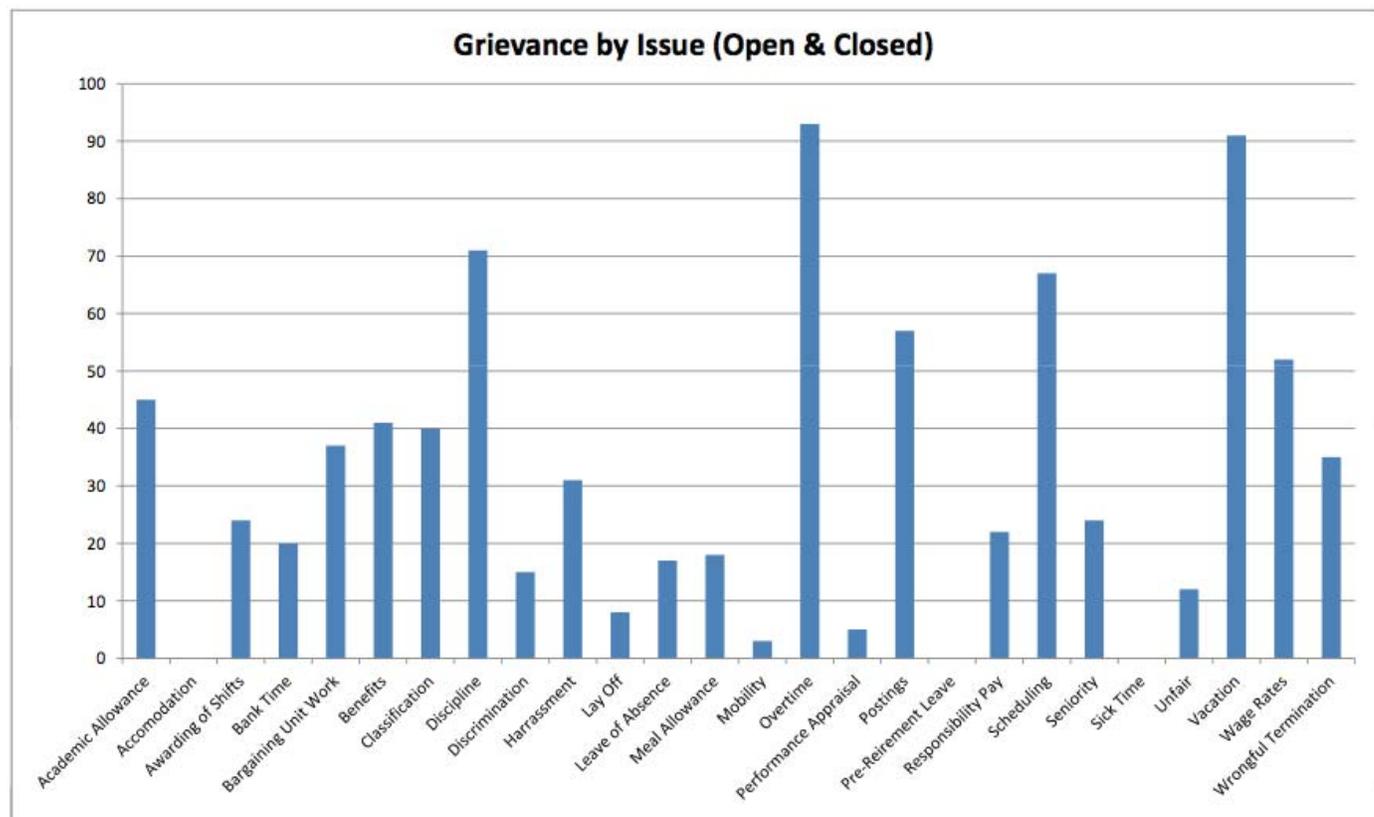
gets misunderstood by our members and managers. Typical grievances involve the interpretation of certain rules around overtime or call in or how a certain change in shift would trigger overtime rates.

Scheduling

There are several types of grievances that relate to this topic. The frequent types of grievances that occur relate to improper administration of callbacks, the frequency of weekend rotations, schedules not being posted in a timely fashion and awarding of extra shifts in an inequitable fashion.

Vacations

Some typical grievances relate to awarding, then cancellation of approved vacation. Others are individuals claiming bonus vacation not received, vacation application not approved, ability to carry over of bank or vacation time, reduction of departmental threshold maximum of persons who can take vacation, vacation selection process unfair and implementation of service/entitlement to vacation increments.



Have We Come A Long Way, Baby?

By Shelley Kowalchuk
Physiotherapy Director

As International Women's Day approaches on March 8, women across Canada might want to take a good, hard look at the world around them and ask ourselves – do we need International Women's Day? Haven't we achieved equality? Should the feminists go away, because the fight has been fought and won?

Women once said they wanted to 'have it all'. Most women would settle for half. Unfortunately, if we look at the statistics, women still have a long road ahead to achieve equity in many areas of our lives, and if we look at women's positions in our progressive, safe, peaceful country, we can see that despite the gains women have made over the last 100, 50 or even 20 years, we still need to push for more in many areas of our lives.

Let's look at work first. According to Statistics Canada, women consistently have increased in their entrance into the workplace; in 1976 women comprised 37% of all workers, while in 2009 that number rose to 48%. Despite the economic downturn, women still maintained their jobs more frequently, relative to their male counterparts, thereby taking on more responsibility for wage-earning overall.

We are also getting more educated. In 1990, only 25% of women aged 25 to 54 had not finished high school and only 14% had a university degree. Twenty years later, the number of women achieving a degree has doubled and the proportion of women not completing high school dropped to 9%. Not surprisingly, an increase in education is positively linked to better employment.



Unfortunately this better education and a higher representation in the workforce does not always translate into better high-paying, full-time work. A look at our sidebar provides some disturbing facts regarding the realities many women face in the workplace.

Many women in Canada work longer hours for less pay, and the wage gap between women and men has remained at 70% since the 1970's.

While more women hold managerial positions, these tend to happen more often in traditional women's professions. The 'pink ghetto', which was coined to describe jobs such as these can also be applied to many professions in healthcare, social welfare and education.

Also, while many more married women entered the workforce, many still remain working part-time, either because they cannot find full time work, or through choice. Whatever the reason, this



Women currently make up half of the Canadian workforce and are represented in nearly every sector of the economy. And yet ...

Workplace inequality and discrimination persist.

Unemployment continues to be a serious problem for women. Aboriginal women and women with disabilities are twice as likely to be unemployed as other women. And only 36% of unemployed women receive Employment Insurance (EI) benefits.

Less than 1% of senior management positions in Canada are held by women, while men are 1.5 times more likely to hold middle management positions.

Women are disproportionately represented among lower paid and insecurely-employed workers, especially young women, lone mothers, recent immigrants, Aboriginal women, and women with disabilities.

40% of women have part-time, precarious or temporary jobs instead of full-time, permanent employment. Many must work more than one job at a time to make ends meet. In 2009, 56% of multiple job holders were women.

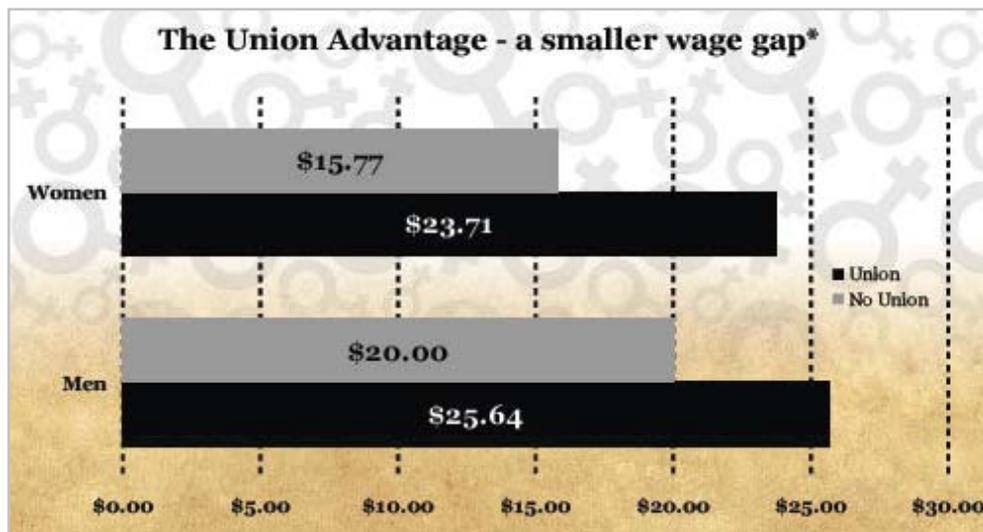
Too many working women receive no or insufficient benefits and little or no workplace pensions.

We've seen job creation in our economy in recent years, but so many new jobs are less stable and lower-paying, especially for women. Meanwhile, the public service – which represents an important source of good jobs for women – is under attack through cuts and privatization.

**Reprinted with permission from the Canadian Labour Congress*

ultimately impacts their personal finances, their ability to advance into 'fast-track', high paid positions and their pensions. Maybe because of a need to supplement CPP and Old Age Security, more and more women and men will continue to work past age 65.

Luckily for women working in unions such as MAHCP, union contracts have benefitted women the most, according to StatsCan. The percentage of women in unionized positions has increased over the last 30 years, leading for greater wages for women proportionally. Since union wages are higher than non-union wages, a look at this chart clearly shows that being unionized provides an advantage – as long as you don't compare it to men's wages.



Women and Political Power

That's a quick look at women's financial power. What about our political clout? With the recent election of Kathleen Wynne as Ontario's new premier, four of Canada's largest provinces are now led by women, joining Christy Clark in British Columbia, Alison Redford in Alberta and Pauline Maurois in Quebec. Over 65% of Canadians will now be looking to these powerful women in their legislative governments. It's certainly a milestone.

With more women premiers, women of all ages certainly have more role models that have successfully aspired to high political office. But, as with many things, it's not a complete victory. According to the Globe and Mail, women make up only 25% of the House of Commons, much less than many other developed countries. Thirty percent of Manitoba's MLAs are women – but the Yukon leads with 37% of their MLAs being female. If women make up more than 50% of the population, women have some distance to go.

When Ontario Premier Kathleen Wynne came to talk to the press, instead of being asked about her policies, she was asked about preferring pantsuits to dresses.

It doesn't necessarily follow that Canadians have become blind to gender and are just voting for the best person for the job – though many are doing that. It might actually be that political parties know that the woman's vote is one they want, and it is more likely, they think,

that women will vote for women. If you think I'm wrong – remember Sarah Palin?

Women in power do not necessarily help women in the general population. Nor should they have to. These women have been chosen to work for their communities and that includes both sexes. Women of all political stripes have come into power, Conservative, Liberal, NDP and Green parties, and they all have different political agendas. However, one thing they all have in common is the fact that they still battle sexist perceptions, despite their obvious dedication, professionalism and drive.

When Ontario Premier Kathleen Wynne came to talk to the press, instead of being asked about her policies, she was asked about preferring pantsuits to dresses. After all the work she had done to get to this point in her career, I'm sure she was surprised to hear one of the first questions was not about the economy or her stance on the recent teacher's strike, but why she wasn't wearing a skirt. Really?

One of the more shocking developments that we have courtesy of Facebook and the Twitter-verse has been exposed by a blog entitled <http://madampremier.tumblr.com/>. Check it out, but I warn you, it's not an easy read. The amount of anger and vitriol that blog author Diamond Isinger has compiled is difficult to read at times, and actually too profane to print in this newsletter. The blog copies instances of comments made in both social media, with added comments from Isinger. I doubt one could find the same sexually violent insults leveled at male premiers.

One could argue that seeing how women are targeted (as premiers or in any leadership role) when they venture into the public spotlight, other women are more reluctant to try it themselves.

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Have We Come A Long Way, Baby?

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In some ways, this blog illustrates how little things have changed when women try to gain some political power. There was a time when others had strong opinions about women who were fighting for the right to vote. It was considered by some to be unfeminine, and women who wanted this power were trying to become like men. Here were some reasons given to prevent women from the vote.



Nellie McClung

1. *Women would be corrupted by politics and chivalry would die out.*
2. *If women became involved in politics, they would stop marrying, having children, and the human race would die out.*
3. *Women were emotional creatures, and incapable of making a sound political decision.*

If there is any positive spin to this last point, it might be that despite the barriers these powerful women have to face, they do face them and manage them. It's not much different for our union sisters, and our own mothers, sisters and daughters who also have to face barriers like this. We continue to persevere, despite economic disadvantage, underemployment, and undermining of our own power. Maybe for that reason, we still need to celebrate ourselves and International Women's Day.



Canadian suffragettes (The Famous Five) immortalized in bronze on the grounds of the Legislative Building in Winnipeg

<http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11387-eng.htm>
<http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11542-eng.htm>
<http://www.theglobeandmail.com/news/politics/rise-of-women-in-canadian-politics-is-unmistakable-and-unstoppable/article4535879/>
<http://ca.reuters.com/article/domesticNews/idCABRE90Q01520130127>
http://www.johndclare.net/Women1_ArgumentsAgainst.htm

Fights That Were Fought for Canadian Women

1883 - The Canadian Women's Suffrage Association is formed in Toronto to discuss the question of woman suffrage.

1909 - The Criminal Code is amended to criminalize the abduction of women.

1916 - Manitoba becomes the first province to give women the right to vote and hold provincial office. Women gain the right to vote and run for office in Saskatchewan provincial elections. The Alberta Equal Suffrage Act gives women 'absolute equality' with men in provincial, municipal, and school affairs, and thus permits women to vote and run for office in all Alberta-based elections. .

1918 - The Canada Elections Act gives all women over 21 the federal vote (May 24).

1921 - Agnes McPhail of Ontario becomes the first woman elected to the House of Commons.

1925 - The federal divorce law in changes, allowing women for the first time to obtain a divorce on the same grounds as men.

1927 - The 'Famous Five' - Irene Parlyby, Emily Murphy, Nellie McClung, Henrietta Muir Edwards and Louise Crummy McKinney - petition for a Supreme Court of Canada interpretation on whether the term 'qualified persons' in section 24 of the British North America Act, 1867, includes women as persons eligible for appointment to the Senate.

1940 - Women gain the right to vote and run for office in Quebec provincial elections.

1947 - Chinese- and Indo-Canadians are granted the right to vote.

1948 - Japanese-Canadians are granted to right to vote.

1960 - Canada's Aboriginal Peoples - including Aboriginal women - are finally granted a 'no-strings-attached' right to vote.

1964 - Bill 16 is passed in Quebec's National Assembly giving married women the same rights as their husbands.

1969 - Pierre Trudeau's Liberal government decriminalizes contraception and allows abortion under certain circumstances.

1983 - Criminal Code changes replace rape with three categories of sexual assault, giving equal protection to men and women under the law, and allowing spouses to charge each other with sexual assault.

1984 - The Right Honourable Jeanne Sauvé becomes the first woman to hold the office of the Governor General.

1985 - The Indian Act is amended giving aboriginal women the right to retain their Native status, and to pass that status on to their children, if they marry non - native men.

1988 - The Supreme Court of Canada strikes down Canada's abortion law as unconstitutional.

1989 - Audrey McLaughlin, Member of Parliament from the Yukon, is elected as the leader of the federal New Democratic Party and becomes the first woman ever to lead a national political party in Canada.

1993 - Kim Campbell is chosen leader of the governing Progressive Conservative Party (13 June), and sworn in as Canada's first female Prime Minister (25 June).

Lean Thinking

(cont'd from page 1)

Lean Thinking is making inroads in healthcare facilities in Manitoba. We would still encourage you to participate in the process, provide suggestions, and feedback, because as a frontline worker, nobody knows your job better than you. Who better to advocate the most beneficial processes of that job than you and your union?

http://www.psa.org.nz/Libraries/Delegate_Zone/CTU_WP_Source_Book_web.sflb.ashx

Going Lean in Health Care IHI Calls to Action Series in January and February 2005:

James P. Womack, PhD: Founder and President, Lean Enterprise Institute

Arthur P. Byrne, MBA: Operating Partner, JW Childs Associates LLC

Orest J. Fiume, MS: Co-author, "Real Numbers: Management Accounting in a Lean Organization"

Gary S. Kaplan, MD, FACP, FACMPE: Chairman and CEO, Virginia Mason Medical Center

John Toussaint, MD: President and CEO, ThedaCare, Inc.

Editor: Diane Miller, MBA: Director, IHI

<http://www.socialistreview.org.uk/article.php?articlenumber=10988>

<http://www.systemsthinking.co.uk/6-How-lean-became-mean-final.pdf>

Who Are We? (from page 5)

Answer: We are the Medical Devices Design Technologists at CancerCare Manitoba.

Would you like to be popular and gain friends?

Tired of going to meetings of your profession empty-handed?



If you wish to represent the union at your next professional meeting, you may be able to bring some union promotional material to your next meeting, and may even be eligible to receive a donation for your AGM.

Contact President Bob Moroz at Bobm@mahcp.ca regarding requests for donations, and contact Joan at joan@mahcp.ca with requests for promotional material.

SAVE THE DATE!

Join Team MAHCP For The Annual CDA Run and Walk For Diabetes

**Monday, September 2, 2013
At Assiniboine Park**

You can be a volunteer or get your running shoes on and join the Run! More details in the June newsletter.



See How Our Union Works from the Inside

Join the MAHCP Executive Council 2013-15

This is the 1st call for nominations for Executive Council Members for the 2013-2015 terms of office. The deadline for nominations is 28 June, 2013 and nominations received after that date will not be considered.

Nomination forms are included in the March and June MAHCP newsletters, can be downloaded from the MAHCP website www.mahcp.ca, or can be requested from the MAHCP office via info@mahcp.ca, fax 1-204-775-6829, telephone 1-800-315-3331. Nomination forms must be signed by 2 eligible members in good standing of the Association and by the nominee. To be eligible to sign the nomination form the member must be a part of the group that would vote for election to the seat being nominated i.e.; in the same professional group or geographical region.

Terms for the following seats on the executive council are ending at the upcoming AGM. Nominations will be accepted for:

Pharmacy	Recreation
Lab Director	Physiotherapy
Cardiology	Audiology
CCMB Medical Physics	Mental Health
Radiation Therapy	Spiritual Care
Burntwood Region	NorMan Region
Vice President	Aboriginal Health
Speech-Language Pathology	

Further information on the duties of the Executive Council Members is available on the MAHCP website www.mahcp.ca. Please contact the chair of the nominating committee for information if you have any questions.

In Solidarity
Margrét Thomas
Chair of nominations committee



Get Involved - Become a Staff Rep!

All terms for Staff Representatives are for two (2) years beginning at the end of the Annual General Meeting in October. When required the Executive Council may appoint Staff Representatives if a vacancy occurs during the term or if nominations come in after the deadline date. These appointments end at the next Annual General meeting.

All those Staff Representatives who had their nominations in by the June 29, 2012 deadline still have one (1) year left in their term. These terms will end at the end of the 2014 Annual General Meeting.

The terms of those Staff Representatives who have been appointed by the Executive Council since June 29, 2012 will expire at the end of the 2013 Annual General Meeting.

You will need to be re-nominated by this year's deadline in order to qualify for a two (2) term.

If an election is required they will be held according to the Constitution.

For a comprehensive list of the areas that are eligible to have a Staff Representative, please go to the web site (www.mahcp.ca). If you do not have access to a computer a list can be sent to you.

Your nomination must be received at the Association office by 1600 hours on June 28, 2013.

In Solidarity,
Margrét Thomas
Chair – Nominations Committee

MAHCP's Election Process Explained

The election of the Executive Council members is the responsibility of the Governance Committee, and is directed by the Nominations Committee which is responsible for ensuring that the election of both Executive Council members and Staff Representatives is managed in a way consistent with the constitution and Executive Council policies of MAHCP.

The Nominations Committee is made up of members of the Governance Committee who are in the 1st year of a 2 year term of office and the Chair of the Governance Committee or designate acts as the Chair.

The following timelines guide the election process:

March 2013 - First call for Nominations published in the MAHCP Newsletter March edition.

June 2013 - Second call for Nominations published in the MAHCP Newsletter June edition.

June 28, 2013 - Deadline for the acceptance of Nominations for Executive Council – last Friday in June.

July 12, 2013 - Deadline for candidates to be informed of need for election process –within 2 weeks of the deadline for Nominations.

July 26, 2013 - Deadline for candidates to be informed that they have been elected by acclamation. (within 4 weeks of the deadline for nomination)

August 2, 2013 - Deadline for candidates to provide information to be included in mail-in ballot package (3 weeks after being informed that election process is needed).

Aug 9, 2013 - Mail out of ballot packages.

September 6, 2013 - Deadline for ballots to be returned to be counted.

September 9, 2013 - Provision of ballots to external agent for counting.

September 13, 2013 - Provision of ballot count results to Chair of Nominations committee (within 4 working days).

September 27, 2013 - Candidates notified of ballot count results (within 2 weeks of ballot count).

Announcement of the membership of the Executive Council 2013-2014 will be made to the general membership at the Annual General Meeting October 2013.

When nomination forms are received at the MAHCP office they are date-stamped, placed in secure storage, and acknowledgment of receipt is sent by regular mail by the MAHCP office staff.

As soon as possible after the close of nominations, the Chair of the Nominations committee will review the nominations and is responsible for notifying the candidates either that they have been elected by acclamation, or that they will proceed to an election process. Candidates in an election process are notified by registered mail to ensure that they receive notification.

Ballot packages are mailed to those eligible to vote with a double envelope system for response, to ensure privacy of voting. When ballots are received in the MAHCP office, the inner envelopes are date stamped and placed unopened in a locked box for counting by an external agent at the deadline for reception of ballots.

Ballots received after the deadline are date stamped and kept unopened as they will not be counted. All ballots are kept secure until permission for their destruction is received at the Annual General Meeting.

HONOUR ROLL

The Honour Roll is an honour given to MAHCP members who have devoted a generous amount of time in service of the union. This could be done as a member of Executive Council, or while serving on any other committees, such as EAP, HEPP, or Workplace Health and Safety.

The honour roll also can include individuals who have helped to organize groups to join the Association. Typically, inductees have already retired or are close to retirement, and their nomination should have the support of their colleagues.

Deadline for submissions will be accepted up to the end of July 2013, for announcement at the October Annual General Meeting. Please send your submissions to:

MAHCP Executive Council Secretary
c/o MAHCP Honour Roll
101-1500 Notre Dame Ave.
Winnipeg MB R3E 0P9



MAHCP Member Retirees

We are counting on you . . .

If you are retiring or know of someone who is retiring, we would like to hear from you. Neither the Employers nor HEPP provide us with that information so we are counting on you to let us know. You may contact us through email, phone, fax, through your staff representative, board member, on the web site or 1-800-315-3331.

MAHCP would like to congratulate all members who have recently retired. We wish each and every one of you all the best on your retirement.

- **Lillian Erickson**, Laboratory Technologist, DSM Health Sciences Centre
- **Debbie Bullen**, Laboratory Technologist, DSM Victoria General Hospital
- **Donna Carter**, Laboratory Technologist, DSM St Boniface Hospital
- **Lois Phillips**, Physiotherapist, Victoria General Hospital
- **Linda Sevigny**, Radiology Technologist, Misericordia Health Centre
- **Sherril Fehr**, Physiotherapist, St Boniface Hospital

Our sincere apologies for anyone that has not been included in this list, we know that there are many more retirees out there.

Associate Membership Status Available for Retirees

Article 5 of our MACHP Constitution provides for our retired members to hold an associate membership and to continue to be part of MAHCP. A nominal annual fee of \$10.00 has been established by the Executive Council.

Please be aware that this option is available to you or your co-workers who have already retired. This will keep you on the mailing list for the newsletter as well as affording you opportunity to participate in programs.

STAFF REPS

Training for Staff Reps
is available on:

Level 1 – June 6 & 7, 2013
Level 2 – June 10 & 11, 2013

To reserve your spot, please call Cathy at 772-0425 or email her - cathy@mahcp.ca.
Deadline for registration is May 13, 2013.

Seniority Lists

Seniority Lists for all sites have been distributed and should be posted on your MAHCP bulletin board or available through your staff rep.

We'd like to remind all members to review their seniority information for any omissions or errors. If your seniority list is not posted or if you have noticed errors, please call your Labour Relations Officer at 772-0425.

Call for Resolutions

The Manitoba Association of Health Care Professionals is accepting resolutions for change(s) and/or additions to:

- Constitution and Bylaws
- Standing Rules
- Policy Papers

Resolutions must be specific and must be typed or in legible handwriting. The resolution must be moved and seconded by Members of the Association. The mover of the resolution must attend the Annual General Meeting in October 2013 to speak to the resolution as written. A telephone number should be included should clarification be required. A copy of the resolution form will be available in the newsletter, or may be obtained by calling the office (204-772-0425), or by downloading from the website (www.mahcp.ca).

Please forward all resolutions to the MAHCP office, to the attention of Margrét Thomas. **Resolutions are due at the MAHCP office prior to 1600 hours June 28, 2013.**

In solidarity,
Margrét Thomas
Chair - Nominations Committee

2012-13 Executive Council

Officers

President	Robert Moroz CCMB, Radiation Therapist
Vice President	Al Harlow DSM - Concordia Hospital Laboratory
Treasurer	Michael Bachynsky St. Boniface Hospital Respiratory
Secretary	Gale Rowley Brandon RHA, Mental Health

Directors

Audiology	Leanne Gardiner, Brandon RHA, Audiologist
Cardiology	Colleen Bemister, Misericordia Health Centre
Clinic	Sherry Lussier, Gamma-Dynacare Medical Labs, Laboratory Technologist
Community Therapy Services	Margrét Thomas, Physiotherapist
Dietitian	Vanessa Hamilton, Brandon RHA
EEG	Jodi Kent, St. Boniface Hospital
EMS	Jessie McNeill, Southern RHA
Laboratory	Janet Fairbairn, CCMB
Medical Physics	Chad Harris, CCMB
Mental Health	Paulette Sherb, Brandon RHA, Mental Health Clinician
Occupational Therapy	Ann Patton, HSC
Orthopedic Technology	John Reith, HSC
Pharmacist	Bob Bulloch, HSC
Physiotherapy	Shelley Kowalchuk, Health Sciences Centre
Radiology	Michael Kleiman, HSC
Recreation	Zana Anderson, DLC
Social Work	Sylvie Theriault, HSC
Speech Language	Kristin Guild, Brandon RHA
Burntwood RHA	Tanya Burnside, Pharmacy Technician
Northern RHA	Lesa Nordick, Community Health Developer
Winnipeg Region	Janelle Morissette, DSM-HSC, Laboratory

Staff Assignments

Lee Manning
Executive Director
lee@mahcp.ca

Janet Beaudry
Executive Assistant
janet@mahcp.ca

Joan Ewonchuk
Administrative Assistant
joan@mahcp.ca

Cathy Langit
Administrative Assistant
cathy@mahcp.ca

Jacob Giesbrecht
Legal Counsel
jake@mahcp.ca

Rachiel Langit
Secretary/Receptionist
rachiel@mahcp.ca

Michele Eger, LRO:
michele@mahcp.ca

Health Sciences Centre (all other
HSC Members not included under
Ken's listIng), Concordia Hospital,
Manitoba Clinic, WRHA Corporate
Program

Marcy Ervick, LRO:
marcy@mahcp.ca

St. Boniface Hospital (non-DSM),
Misericordia Health Centre (non-
DSM), Jocelyn House

Walter McDowell, LRO:
walter@mahcp.ca

DSM - St. Boniface Hospital, DSM -
Misericordia Health Centre, Gamma-
Dynacare Medical Labs

Birgit Molinski, LRO:
birgit@mahcp.ca

Currently providing relief support
for all portfolios.

Gary Nelson, LRO:
gary@mahcp.ca

Victoria General Hospital, Brandon
RHA, Brandon Clinic, Society for
Manitobans with Disabilities,
Actionmarguerite, Rehabilitation
Centre for Children, CancerCare
Manitoba

Armand Roy, LRO:
armand@mahcp.ca

Seven Oaks General Hospital, Breast
Health Centre, Aboriginal Health &
Wellness Centre, Nor-Man RHA,
Burntwood RHA, South Eastman
Health

Ken Swan, LRO:
ken@mahcp.ca

Health Sciences Centre (Lab,
Diagnostic Imaging, Pharmacy,
EEG, Sleep Lab), Deer Lodge Centre,
Community Therapy Services,
Winnipeg Clinic

UNION BULLETIN BOARD

**Moving? Name Change?
Retiring? New MAHCP
Member? Please let us know!!**

In order to keep our database current, please keep us informed of any information changes including addresses and names. Don't forget to update your address with your employer too!

Call 204-772-0425 or email joan@mahcp.ca



If you would like to receive this newsletter by email only or in addition to your paper copy, please email

joan@mahcp.ca or visit the MAHCP website.

If you think you are supposed to be receiving email updates, but aren't, your email provider may be directing MAHCP email to your "junk" or "bulk" file folders. You may have to edit your settings.

Don't forget to let us know if any of your contact information changes!!

International Women's Day

S W I C T Q I X W H Q V H J N
M U X P M S T H G I R E X A O
R O S A P A R K S Y O X L G I
M J M A R C H K T T P Y N N T
U O G V N E K I O Z K U W E A
R R E G Q B L W X D L W F S N
S D U D O A A P V C Y E A M I
J U S Y U W O N C Y J A I C M
A L F Q C N A M T H B A N P I
X G E F U U E X Y H A V N H R
E O E I R I V M U P O M G A C
Q M D E L A D B O C P N P I S
R T S L F R G V N W R K Y L I
V A E H G M V E Y K X G H R D
E N E V U A S E N N A E J N K

AGNES MCPHAIL
DISCRIMINATION
EQUALITY
JEANNE SAUVE
NELLIE MCCLUNG

RIGHTS
ROSA PARKS
SUFFRAGE
SUSAN B ANTHONY
WOMEN

WIN AN IPAD!!!

See page 5 for details



101-1500 Notre Dame Avenue, Winnipeg, MB R3E 0P9
Phone: (204) 772-0425; 1-800-315-3331; Fax: (204) 775-6829
Email: info@mahcp.ca; Website: www.mahcp.ca